



The following is a list of applicable proofs of income:

- 2 consecutive and current payroll stubs for each adult in the household stating Gross Earnings
- Monthly statements from Government income sources
- Goods & Services Tax/Harmonized Sales Tax from Canada Revenue Agency stating Family Gross income
- Canada Child Benefit summary stating family's Adjusted Annual Income
- Other household income sources such as child or spousal support, rental income, OSAP etc .

Please attach required documents

Yearly Household Income	
Employment Income, Pension, WSIB, etc..	\$
Government Assistance Income (OW, ODSP, etc..)	\$
Canada Child Benefit, Child Care Supplement, Child Support	\$
GST Rebate	\$
Other Income (OSAP, Ontario Trillium Benefit, Rental Income)	\$
Total Yearly Gross Household Income	\$

Applicants Signature: _____ Date: _____

Accurate Bank Account Information:

YMCA Membership Services Department must receive written notice of any changes to a bank account a minimum of ten (10) days prior to the next scheduled withdrawal date. The YMCA is not responsible for any errors, miscommunications or service charges that may result from failure to inform the YMCA of any bank account changes in a timely manner.

Office Use Only

Total Annual Household Income:	\$	Children Under 18:	Adults in Household:	Subsidy Rate:		%
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YMCA Financial Assistance requested for :

<input type="checkbox"/> Membership*
Rate:\$ HST:\$ Client has agreed to pay:\$ bi-weekly/monthly.
YMCA Financial Assistance:\$
*An automatic increase will be applied to all memberships on the annual renewal date.

<input type="checkbox"/> Course or Program
Course Rate:\$ HST:\$ Client has agreed to pay:\$ in total.
YMCA Financial Assistance:\$

<input type="checkbox"/> Camp or PA Day This document valid only if accompanied by a completed Camper Registration Form
Camp Rate:\$ HST:\$ Client has agreed to pay:\$ per
YMCA Financial Assistance :\$

Members may request a reassessment prior to renewal, or at any time should financial circumstances change. Subsidy Rate is valid for up to three (3) months from date of assessment.

Staff Signature: _____ Date: _____